U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION					RANCE COMPANY USE	
A1. Building Owner's Name PATRICK & BRENDA BOWKER PATRICK & BRENDA BOWKER					ber:	
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6162 COUNTY ROAD 659 Company NAIC Number:					NAIC Number:	
City BRAZORIA		State Texas		ZIP Code 77422		
A3. Property Description (Lot and Block Numbers, Tax LOT 19, BLOCK 5 HAMPIL-CHARLETON BERNARD R			scription, etc.)			
A4. Building Use (e.g., Residential, Non-Residential, Ad	ddition	, Accessory, etc.)	RESIDENTIAL			
A5. Latitude/Longitude: Lat. 28-56-20.5	.ong. <u>0</u>	95-32-59.0	Horizontal Datum	n: NAD	1927 × NAD 1983	
A6. Attach at least 2 photographs of the building if the 0	Certific	ate is being used to	o obtain flood insura	ince.		
A7. Building Diagram Number6_						
A8. For a building with a crawlspace or enclosure(s):						
a) Square footage of crawlspace or enclosure(s)		627 sq ft				
b) Number of permanent flood openings in the crav	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0	
c) Total net area of flood openings in A8.b0	s	sq in				
d) Engineered flood openings? Yes No						
A9. For a building with an attached garage:						
a) Square footage of attached garage		sq ft				
b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade						
c) Total net area of flood openings in A9.b	c) Total net area of flood openings in A9.b sq in					
d) Engineered flood openings?						
SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION						
B1. NFIP Community Name & Community Number UNINCORPORATED AREAS 485458		B2. County Name BRAZORIA			B3. State Texas	
B4. Map/Panel B5. Suffix B6. FIRM Index Date	Ef	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zoi	se Flood Elevation(s) ne AO, use Base od Depth)	
0735 H 09/22/1999	06/05/		AE		.5' DEPTH CRITERION	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:						
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:						
B11. Indicate elevation datum used for BFE in Item B9: X NGVD 1929 NAVD 1988 Other/Source:						
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No						
Designation Date: CBRS OPA						

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

Building Street Address (including Apt., Unit, Suite, and/or Bidg, No.) or P.O. Route and Box No. First Street COUNTY ROAD 659 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:	IMPORTANT: In these spaces, copy the corresponding information from	FOR INSURANCE COMPANY USE	
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) C1. Building elevations are based on:		Policy Number:	
C1. Building elevations are based on:			Company NAIC Number
"A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2, a–Ho below according to the building diagram specified in Item A1, in Puerto Ricc only, enter meters. Benchmark Utilized: OPUS SOLUTION	SECTION C – BUILDING ELEVATION INFOR	RMATION (SURVEY R	EQUIRED)
SECTION D – SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments. Certifier's Name License Number GEORGE K. LANE 6086 Title REGISTERED PROFESSIONAL LAND SURVEYOR Company Name PINPOINT SURVEYING & MAPPING, LLC Address PO BOX 33444 City LAKE JACKSON State Telephone 08/15/2018 Telephone 08/15/2018 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable)	C1. Building elevations are based on: Construction Drawings* *A new Elevation Certificate will be required when construction of the C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (w. Complete Items C2.a–h below according to the building diagram spect Benchmark Utilized: OPUS SOLUTION Vertical Data Indicate elevation datum used for the elevations in items a) through h) NGVD 1929 NAVD 1988 Other/Source: Datum used for building elevations must be the same as that used for a) Top of bottom floor (including basement, crawlspace, or enclosure b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V Zones only) d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments) f) Lowest adjacent (finished) grade next to building (LAG)	Building Under Constructual Building is complete. With BFE), AR, AR/A, AR/A, iffied in Item A7. In Puert atum: NAVD 88 below. the BFE. floor) 8. 7 18. 7 18. 4 6. 1 8. 6	Check the measurement used. X Finished Construction
This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments. Certifier's Name GEORGE K. LANE Certifier's Name GEORGE K. LANE Company Name PINPOINT SURVEYING & MAPPING, LLC Address PO BOX 3344 City LAKE JACKSON State Date Date Date Date 08/15/2018 Telephone 08/15/2018 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable)		ng <u>8</u> . <u>7</u>	X feet meters
Certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor? Yes No Check here if attachments. Certifier's Name	SECTION D – SURVEYOR, ENGINEER, OR	ARCHITECT CERTIF	CATION
Title REGISTERED PROFESSIONAL LAND SURVEYOR Company Name PINPOINT SURVEYING & MAPPING, LLC Address PO BOX 3344 City LAKE JACKSON Signature Date 08/15/2018 Telephone 08/15/2018 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable)	This certification is to be signed and sealed by a land surveyor, engineer, c I certify that the information on this Certificate represents my best efforts to statement may be punishable by fine or imprisonment under 18 U.S. Code,	or architect authorized by interpret the data availa Section 1001.	law to certify elevation information. ble. I understand that any false
	Title REGISTERED PROFESSIONAL LAND SURVEYOR Company Name PINPOINT SURVEYING & MAPPING, LLC Address PO BOX 3344 City State LAKE JACKSON Texas Signature Date 08/15/2018 Copy all pages of this Elevation Certificate and all attachments for (1) communication.	ZIP Code 77566 Telephone (979) 299-3373 hity official, (2) insurance a	GEORGE K. LANE 6086 SURVE

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE			
6162 COUNTY ROAD 659			Policy Number:			
City BR/	, AZORIA	State Texas	ZIP Code 77422		Company NAIC Number	
	SECTION E – BUILDING FOR Z	ELEVATION INFO			REQUIRED)	
com	For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.					
E1.	Provide elevation information for the following at the highest adjacent grade (HAG) and the lowers.	and check the appropest adjacent grade (L	priate boxes to sho .AG).	w whether	the elevation is above or below	
	a) Top of bottom floor (including basement, crawlspace, or enclosure) isb) Top of bottom floor (including basement,		× feet	meters	s 🗵 above or 🗌 below the HAG.	
	crawlspace, or enclosure) is		X feet			
E2.	For Building Diagrams 6–9 with permanent floot the next higher floor (elevation C2.b in the diagrams) of the building is	od openings provided	d in Section A Items			
E3.	Attached garage (top of slab) is		_	meters		
E4.	Top of platform of machinery and/or equipment servicing the building is	t	× feet	meters	s ⊠ above or ☐ below the HAG.	
E5.	Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes					
	SECTION F - PROPERTY O	OWNER (OR OWNE	R'S REPRESENTA	ATIVE) CE	RTIFICATION	
The	property owner or owner's authorized represen nmunity-issued BFE) or Zone AO must sign here	tative who completes e. The statements in	s Sections A, B, and Sections A, B, and	d E for Zor E are corr	ne A (without a FEMA-issued or ect to the best of my knowledge.	
Pro	perty Owner or Owner's Authorized Representat	tive's Name				
Add	dress	(City	Sta	ate ZIP Code	
Sigi	nature	Γ	Date	Tel	ephone	
Con	nments					
					Check here if attachments.	

ELEVATION CERTIFICATE

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corr		OR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, S 6162 COUNTY ROAD 659	No. Po	olicy Number:		
City BRAZORIA	State ZIP Code Texas 77422	Co	ompany NAIC Number	
SECTION	ON G - COMMUNITY INFORMATION (OPT	ONAL)		
The local official who is authorized by law or o Sections A, B, C (or E), and G of this Elevation used in Items G8–G10. In Puerto Rico only, er	Certificate. Complete the applicable item(s)			
G1. The information in Section C was takengineer, or architect who is authorized that in the Comments area below.)	en from other documentation that has been seed by law to certify elevation information. (In	signed and s dicate the so	sealed by a licensed surveyor, ource and date of the elevation	
G2. A community official completed Sect or Zone AO.	ion E for a building located in Zone A (withou	t a FEMA-is	sued or community-issued BFE)	
G3. The following information (Items G4-	-G10) is provided for community floodplain m	anagement	purposes.	
G4. Permit Number	G5. Date Permit Issued		e Certificate of pliance/Occupancy Issued	
G7. This permit has been issued for:	☐ New Construction ☐ Substantial Improver	ment		
G8. Elevation of as-built lowest floor (includin of the building:	g basement)	feet	meters Datum	
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet _	meters Datum	
G10. Community's design flood elevation:		feet	meters Datum	
Local Official's Name	Title			
Community Name	Telephone			
Signature Date				
Comments (including type of equipment and lo	cation, per C2(e), if applicable)			
			Check here if attachments.	

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6162 COUNTY ROAD 659			Policy Number:
City BRAZORIA	State Texas	ZIP Code 77422	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW

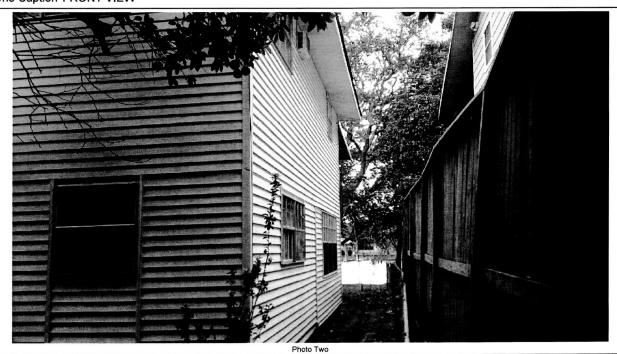


Photo Two Caption SIDE VIEW 1

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 6162 COUNTY ROAD 659			Policy Number:
City	State	ZIP Code	Company NAIC Number
BRAZORIA	Texas	77422	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One

Photo One Caption SIDE VIEW 2



Photo Two

Photo Two Caption REAR VIEW